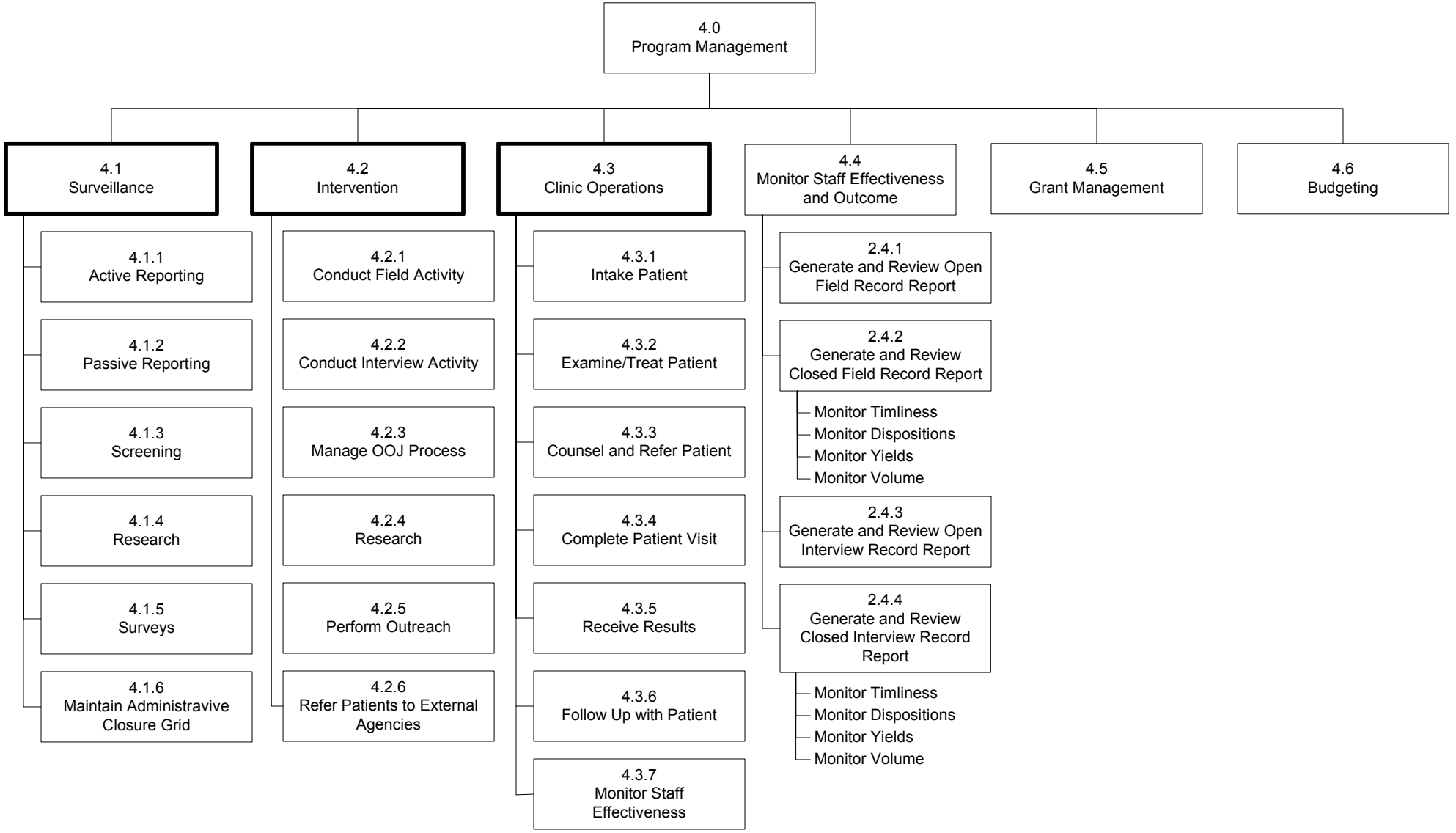
Program Management



Sign Off: _____ **Date:** _____